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**WEEKLY REQUEST FOR ALLOWANCES AND ATTENDANCE FORM FOR TAA/TRA/NAFTA UNDER
TRADE ACT, AS AMENDED
(In Training)**

Worker's Name and Mailing Address

Check Here
If New
Address ☐

Social Security No.
Week Ending Date (Saturday)

REMARKS:

FOR OFFICE USE ONLY

S	Period MM/DD	Sect. of Law	Dec

TO BE COMPLETED BY STUDENT – ANSWER ALL QUESTIONS TRUTHFULLY

- Were you fully able and available for each day of the week claimed? ☐ YES ☐ NO
- Did you attend training as scheduled this week? (If “NO,” explain why in remarks)..... ☐ YES ☐ NO
- Did you refuse any jobs offered for the week claimed? (If “YES,” explain in Remarks section above). ☐ YES ☐ NO
- Did you refuse any referrals from the CareerCenter?..... ☐ YES ☐ NO
- Did you receive vacation pay, holiday pay, dismissal wages, wages in lieu of notice, or a pension for the week claimed? ☐ YES ☐ NO
Type Pay_____ Amount \$_____ Date Received_____
- Did you work or earn any money (including self employment or commission sales) during the week claimed?.... ☐ YES ☐ NO
 - If “YES,” Employer Name & Address_____
 - Dates Worked_____ Gross Earnings \$_____ * ☐ Check if Estimate
* **IMPORTANT NOTE: You cannot be sent a check** until you provide proof of the amount you earned. If you do not know the exact amount of your earnings, enter an estimate and provide proof of the exact amount within 14 days.
 - Are you still employed with the employer stated above?..... ☐ YES ☐ NO
If “NO,” give date of separation _____
Reason for separation: ☐ Lay Off; ☐ Discharged (Fired); ☐ Voluntary Quit
 - If employed full time, give date work started_____
- Are you claiming benefits for dependent children? (If “YES,” complete A, B, and C) ☐ YES ☐ NO
 - Was your spouse employed **full time** during the week claimed? ☐ YES ☐ NO
 - Does your spouse contribute some support to dependents? ☐ YES ☐ NO
 - Explain any changes in number of dependents claimed in the Remarks section above.
- If your telephone number has changed, please enter here:_____

✓ **STUDENT CERTIFICATION:** I certify that all statements for the week covered by this claim are true and correct. I am not seeking any other State or Federal unemployment insurance. I understand the law and that penalties are provided for willful misrepresentation made to obtain allowances to which I am not entitled. I authorize deduction for any advances made to me.

Sign Here _____ Date _____

TO BE COMPLETED BY STUDENT

A.1. Have you applied for or received any allowance such as TRA from another state, DWB, etc., for the week claimed? ☐ YES ☐ NO

If "YES," Name of Program _____ Date Received _____ Amount Received \$ _____

2. Other than Maine TRA or Maine UI, have you filed, intended to file, or received unemployment insurance under any other state or federal program for the week claimed? ☐ YES ☐ NO

3. **TRAVEL AND SUBSISTENCE:** Are you eligible for daily travel allowances or subsistence? ☐ YES ☐ NO

If "YES," please check box(es) when you used your own vehicle or nights away from residence.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Daily Travel							
Name of School Attended							
Subsistence							

4. Number of days scheduled for training _____.

TO BE COMPLETED BY TRAINING FACILITY (Check whether attended or absent)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Attended							
Absent							
Reason for Absence							
Scheduled Break (give the dates of the ENTIRE school break)							
Student Terminated/Graduated (give dates)							

✓ **TRAINING FACILITY CERTIFICATION:** THE ABOVE INFORMATION IS IN ACCORDANCE WITH OUR RECORDS. Statements made by the student appear to be complete and correct to the best of my knowledge.

1st School

Name of Training Facility	
Name of Training Official (Print or Type)	
Signature of Training Official	Date

2nd School

Name of Training Facility	
Name of Training Official (Print or Type)	
Signature of Training Official	Date

MAIL THIS FORM TO:

Maine Department of Labor
Bureau of Unemployment Compensation
Special Program Unit
P.O. Box 259
Augusta, ME 04332-0259

QUESTIONS?

Call: (207) 287-4560
Fax: (207) 287-3395
TTY: 1-800-794-1110